

BEST AVAILABLE COPY

# CLAIMS

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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50						
TOTAL IND.			1			
TOTAL DEP.				↓		
TOTAL CLAIMS					↓	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.				↓				
TOTAL DEP.					↓			
TOTAL CLAIMS						↓		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS